

**2002 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 JUN 12 AM 8:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #N98000007116  
1. Entity Name  
Doral Park Country Club Association, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 5001 NW 104 Avenue Suite, Apt. #, etc. - City & State Miami, Florida		3. Mailing Address SAME Suite, Apt. #, etc. - City & State	
Zip 33178	Country U.S.A.	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0895220	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name David A. McKibbin
Street Address (P.O. Box Number is Not Acceptable) 555 NE 15 Street
Venetia Center, Suite 100
City Miami
FL Zip Code 33132

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FEE IS \$81.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D James A. Case 10547 NW 57 Street Miami, Florida 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Francisco Garcia 9705 NW 51 Terrace Miami, Florida 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Alan N. Garcia 10260 NW 51 Lane Miami, Florida 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Bruce A. D'Amico 10040 NW 51 Lane Miami, Florida 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: James A. Case - President Date: 6/16/02 Daytime Phone: (305) 591-8800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES A. CASE

CR2E037B (12/01)